

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155162		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/18/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 600 WASHINGTON AVE WABASH, IN 46992			
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F0000	<p>This visit was for the Investigation of Complaint IN00106532.</p> <p>Complaint IN00106532 - Substantiated, Federal/State deficiencies related to the allegation are cited at F-223 and F-328.</p> <p>Survey date: April 18, 2012</p> <p>Facility number: 000081 Provider number: 155162 AIM number: 100289570</p> <p>Survey team: DeAnn Mankell, R.N., T.C.</p> <p>Census bed type: SNF/NF: 53 Total: 53</p> <p>Census payor type: Medicare: 11 Medicaid: 30 Other: 12 Total: 53</p> <p>Sample: 6</p> <p>These deficiencies also reflect state finding cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a post survey reveiw on or after May 2, 2012. We respectfully request a desk reveiw in lieu of a post survey revisit.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/03/2012

FORM APPROVED

OMB NO. 0938-0391

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	Quality review completed on April 19, 2012 by Bev Faulkner, R.N.						

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F0223 SS=A	<p>483.13(b), 483.13(b)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from verbal abuse for 1 of 3 residents reviewed for abuse in a sample of 6 (Resident F).</p> <p>Findings include:</p> <p>1. A facility investigation of an allegation of verbal abuse was reviewed on 4/18/12 at 4:00 P.M. According to the facility investigation of the allegation of abuse, Resident F alleged CNA #1 "was swearing in his room."</p> <p>The "Immediate Action Taken" was "(name of) CNA, was suspended pending investigation. Resident and staff interviews are being conducted."</p> <p>The investigation summary indicated "(Name of Resident F) reported to a nurse on evening of 03/31/2012 that on the night of 03/30/2012 that a CNA answered his call light and used inappropriate</p>		F0223	<p>F 223</p> <p>Free from abuse/involuntary seclusion</p> <p>It is the policy of this facility to ensure that all residents must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends or other individuals. It is also the practice of this provider that each resident has the right to be free from mistreatment, neglect and misappropriation of funds.</p> <p><i>What corrective action will be done by the facility?</i></p> <p>Resident F experienced no negative physical or emotional outcome as a result of this finding. The employee identified in this finding is no longer an employee of this facility.</p> <p><i>How will the facility identify other residents having the potential to be affected by the same practice and</i></p>		05/02/2012	

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	<p>profanity while providing care. During an interview with (name of Resident F), he reported that he had turned his call light on and when the CNA answered his light, he said, 'what the h--- took you so long,' (Resident F) reported that things became 'verbally heated' and (he) told the CNA to get the f--- out of the room...."</p> <p>"On the evening of 03/31/2012, evening shift CNA's, reported that (Resident F) was joking as normal and then verbalized he had a disagreement with a new CNA last night. He reported that he was swearing and the aide replied back in the same fashion..... CNA's reported the incident to the nurse immediately...."</p> <p>"(Resident F) was interviewed regarding the alleged incident. (Resident F) reported that the CNA came 'slamming into the room throwing things around.' When he was asked what she was throwing around, he could not recall. (Resident F) during the interview was pleasant.... (Resident F) verbalized, 'I was being an ass and told her (CNA) to get the f--- out and cussed her no end. She was a bit short and became irritated and cursed. When she left the room, she did smart off 'F--- this or F--- it' something to that fact. I said 'F--- You Too' as she left. A nurse did come in after she left and I did not report it." When asked why he did not</p>			<p><i>what corrective action will be taken?</i> All residents are at risk to be affected by this finding. Any allegation or statement regarding resident abuse or mistreatment will be reported immediately to the Administrator and DNS. The facility will immediately initiate a full investigation as well as ensure notification to the MD, the family, ISDH, and other agencies as outlined in the facility policy. Appropriate disciplinary action including suspension and possible termination of the employment will be a consideration for any staff member involved in a substantiated allegation of abuse toward a resident.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i> An all staff inservice will be held by 5/1/12 and conducted by the DNS/designee. This inservice will include review of the facility policy and procedure regarding Abuse Prohibition, Reporting, and Investigation. Any allegation or statement regarding resident abuse or mistreatment will be reported immediately to the Administrator and DNS. The facility will immediately initiate a full investigation, as well as ensure notification to the MD, family, ISDH, and other agencies as outlined in the</p>			

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	<p>report it, (Resident F) responded, 'I instigated it. After speaking to my wife the next evening, she suggested I mention the incident to somebody....I then told the CNA's and nurse.... He did not feel that the CNA was cursing at him but cursing due to frustration of the situation. (Resident F) then reported that he verbalized when the CNA was leaving the room that he said, 'There is a lot of F----- going on.... I really do not want the young lady terminated. Things just became heated, that's all...."</p> <p>(CNA #1) was contacted again for clarification.... "nothing else was said, I did not say the F word to him or anything else. (name of nurse), his nurse went to see him after he turned his call light on again...."</p> <p>"Disciplinary action of termination was administered per policy... with (name of CNA #1) for disruptive and unprofessional disorderly conduct and violation of resident rights...."</p> <p>During an interview with the Administrator on 4/18/12 at 5:00 P.M., she indicated this was an incident of the resident and CNA did not agree on what was said, but the resident indicated the CNA had used the language toward the resident, even though the resident had</p>			<p>facility policy.</p> <p><i>How will the corrective action (s) be monitored to ensure the deficient practice will not recur i.e. what Quality Assurance Program will be put into place?</i></p> <p>The DNS or other designee will be responsible for completion of the CQI Audit tool entitled "Abuse" and "Abuse Prohibition and Investigation" weekly x 4, monthly x 3, and then quarterly thereafter to monitor for ongoing compliance. Any trends or findings will be submitted to the CQI Committee for review and follow up. Compliance date: 5/2/12</p>			

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	<p>used the same language. She had concluded the CNA had most likely used the language and she was terminated from employment.</p> <p>Review of the "Abuse Prohibition, Reporting, and Investigation Policy and Procedure" dated February 2010, provided by the Administrator on 4/18/2012 at 4:30 P.M., indicated "It is the policy of American Senior Communities to protect residents from abuse including physical abuse, sexual abuse, verbal abuse, mental abuse, neglect...."</p> <p>This Federal tag relates to complaint #IN00106532.</p> <p>3.1-27(b)</p>						

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F0328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an order for the continual use of oxygen was obtained that included the liter flow for 1 of 3 residents reviewed with oxygen in a sample of 6 (Resident C).</p> <p>Findings include:</p> <p>1. Resident C was observed in her room on 4/18/12 at 11:15 A.M. She had oxygen on infusing at 2 liters per nasal cannula.</p> <p>Resident C's clinical record was reviewed on 4/18/12 at 1:50 P.M.</p> <p>Resident C's diagnoses included, but were not limited to, history of dehydration and COPD (chronic obstructive pulmonary disease).</p> <p>Resident C had been transferred to the</p>		F0328	<p>F 328 Treatment/care for special needsIt is the policy of this facility to administer treatments and special services as ordered by the attending physician. <i>What corrective action will be done by the facility?</i> Resident C is receiving oxygen as ordered by the physician. Physician orders for oxygen and liter flow were clarified and obtained from the physician immediately on 4/18/12. Licensed nurses will be inserviced by the DNS and/or designee by 5/1/12 on obtaining/clarifying physician orders upon admission/readmission to the facility. <i>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</i> All residents receiving oxygen have the potential to be affected by the alleged deficient practice. All residents with oxygen were audited to ensure physician orders were in place and</p>		05/02/2012	

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	<p>hospital on 4/2/12 and had returned to the facility on 4/5/12 with new orders for treatment. The orders lacked an order for oxygen.</p> <p>During an interview with LPN #1 on 4/18/12 at 2:00 P.M., she indicated Resident C needed the oxygen and had been on oxygen for years and the order would be obtained today for the oxygen.</p> <p>The undated policy and procedure for "Oxygen Delivery Devices" was provided by the DON (director of nurses) on 4/18/12 at 4:30 P.M. The procedure indicated "Verify physician's orders."</p> <p>This Federal tag relates to complaint #IN00106532.</p> <p>3.1-47(a)(6)</p>			<p>accurate. <i>What measures will be put into place to ensure this alleged deficient practice does not recur?</i> DNS and/or designee will use the admission/readmission checklist to audit orders for accuracy. This audit will occur with every new admission and readmission. Admission orders will be reviewed by IDT during stand up meeting for completion. Licensed nurses will be inserviced by the DNS and/or designee by 5/1/12 on obtaining/clarifying physician orders upon admission/readmission to the facility. <i>How will the corrective action (s) be monitored to ensure the deficient practice will not recur i.e. what Quality Assurance Program will be put into place?</i> DNS and/or designee will complete the Admission/Readmission CQI to ensure physician orders are obtained when a resident admits/readmits to the facility. CQI tool will be reviewed monthly during CQI meeting to ensure threshold is met. DNS and/or designee will complete CQI tool entitled Oxygen therapy weekly x 4, monthly x 3, then quarterly thereafter. Compliance date: 5/2/12</p>			